

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/552258

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						
2		1		1			52						
3		2		1			53						
4		2		1			54						
5		2		1			55						
6		2		1			56						
7		2		1			57						
8		2		1			58						
9		2		1			59						
10		2		1			60						
11		2		1			61						
12		2		1			62						
13		2		1			63						
14		2		1			64						
15		2		1			65						
16		1		1			66						
17		1		1			67						
18		1		1			68						
19		1		1			69						
20	1		1				70						
21	1		1				71						
22		2		2			72						
23		2		2			73						
24		2		2			74						
25		2		2			75						
26		2		2			76						
27		2		2			77						
28		2		2			78						
29		2		2			79						
30		2		2			80						
31		2		2			81						
32		2		2			82						
33		2		2			83						
34		2		2			84						
35		2		2			85						
36		2		2			86						
37		2		1			87						
38		2		1			88						
39		2		1			89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.		↓	3	↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.		←	51	←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS			54				TOTAL CLAIMS						

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